

CLAIMS ONLY

Application Number:

10.657423

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|------------------|----------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | 4 | | | | | |
| Total Depends | 3 | | | | | |
| Total Claims | 7 | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | | | | | | |
| Total Depends | | | | | | |
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